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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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07 JUN 28 PH 2: 21

COVER LETTER

	on Section f Corporations	
SUBJECT: G	ene Oaks International Landscaping, LLC (Name of Limited Liability Company)	
	(Name of Billion Blacking Company)	
The enclosed Ar	es of Organization and fee(s) are submitted for filing.	
Please return all	rrespondence concerning this matter to the following:	·
Jenny	Guzman	
	(Name of Person)	
Green	Oaks International Landscaping, LLC	
	(Firm/Company)	v
8151	W 22 Place	6
	(Address)	SION
Sunris	, Fl. 33322	N 28
	(City/State and Zip Code)	
For further inform	tion concerning this matter, please call:	JUN 28 PH 2: 21
Jenny Guzn	n at (786) 306-2243	– 25
	Name of Person) (Area Code & Daytime Telephor	ne Number)
Enclosed is a cl	ck for the following amount:	
□ \$125.00 Filin	Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	\$160.00 Filing Fee, tificate of Status & rtified Copy itional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:		
Greene Oaks International Landscaping, LLC (Must end with the words "Limited Liability Company, "Lir			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability	y Company	is:
Principal Office Address:	Mailing Address:		
8151 NW 22 Place	8151 NW 22 Place		
Sunrise, Fl. 33322	Sunrise, Fl. 33322	······································	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individual or		JUSIVIO 10.38
Jenny Guzman	and the state of t	JN 2	유로
Nan	ne		ARY OF STATE ORPORATIONS
8151 NW 22 Place		P	주도 음을
Florida street	address (P.O. Box <u>NOT</u> acceptable)	2: 2	27
Sunrise, City, Stat	FL 33322 e, and Zip	22	SNO
Having been named as registered agent and a liability company at the place designated i registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the app city. I further agree to comply with the p performance of my duties, and I am fam gistered agent as provided for in Chapte	ointment as rovisions of iliar with an	r fall

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managin	Name and Address: g Member		
MGR	Jenny Guzman		
***************************************	8151 NW 22 Place		
	Sunrise, FI. 33322		
			
	***************************************	_ 	
		07 JUN 28	Sign
		- 28	01-01
		PH	2
· · · · · · · · · · · · · · · · · · ·		_ <i>\tilde{\tiiilie{\tiii}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}</i>	
		22	
	if other than the date of filing: (OPT the date must be specific and cannot be more than five busine	IONAL)
CLE V: Effective date, effective date is listed,	if other than the date of filing: (OPT the date must be specific and cannot be more than five busine filing.)	IONAL)
CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA	if other than the date of filing: (OPT the date must be specific and cannot be more than five busine filing.)	IONAL)
CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA Sign (In a of the content of the c	if other than the date of filing: (OPT the date must be specific and cannot be more than five busines filing.)	IONAL)
CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA Sign (In a of the the date of the d	if other than the date of filing: (OPT the date must be specific and cannot be more than five busine filing.) TURE: accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury	IONAL)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)